

Case	#	

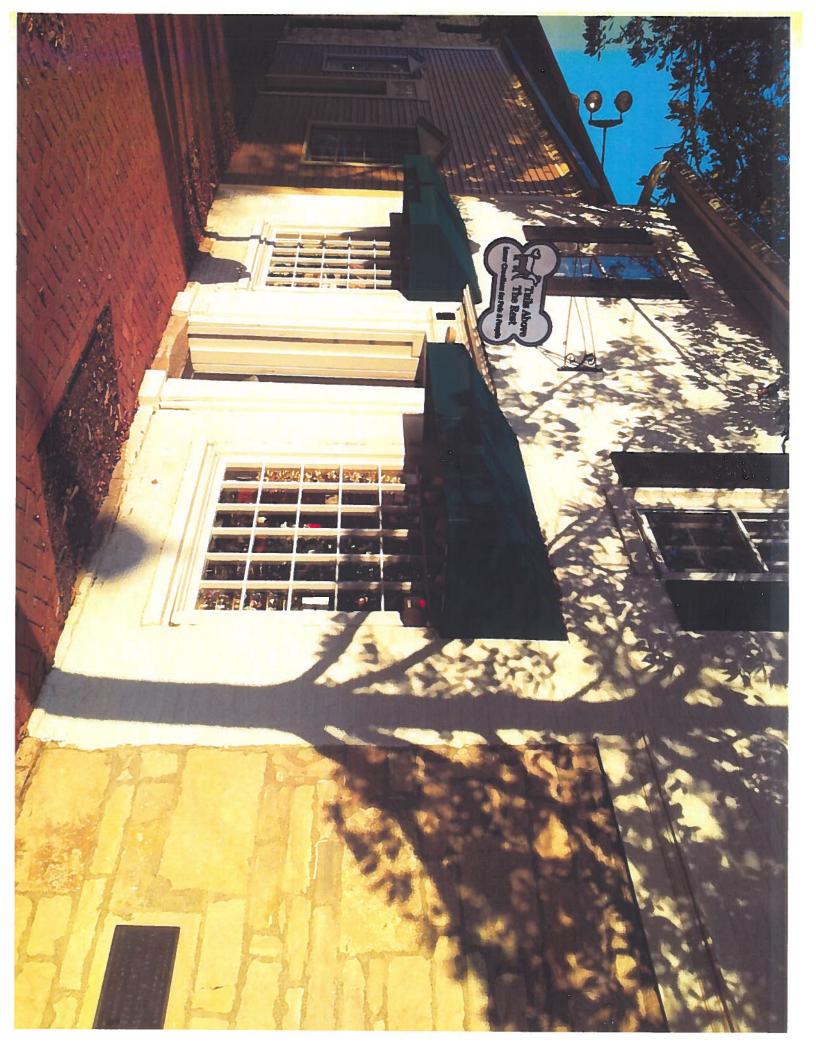
APPLICATION FOR **DEVELOPMENT**

			 PROPERTY INFORMATION: Provide information to identify properties and the proposed development. Attach additional sheets if necessary. 		
PLEASE CHECK THE TYPE OF REVIEW West Innovation Districts			Property Address(es): 14 S. High Street		
M	(Zoning Code Sections 153.037 Bridge Street Corridor Distri	cts	Tax ID/Parcel Number(s):	Parcel Size(s) in Acres:	
	(Zoning Code Sections 153.057 Wireless Communication Fac		273-000040-00	408 5 11	
	EASE CHECK THE APPLICA		Existing Land Use/Development:	Zoning District:	
	Basic Plan Review Development Plan Review	☐ Minor Project☐ Site Plan Review	Retail	Bridge Street Corridor	
	Waiver Review Open Space Fee-in-Lieu	☐ Master Sign Plan☐ Parking Plan	 Check this box if any Administrative Departures are requested and attach an Administrative Departure request form. 		
	City Council Appeal	☐ Administrative Departure	Check this box if any Waivers are requested as part of the application for development and attach a Waiver Request form.		
	Wireless Applications				
	□ New Tower □ Alternative Structure	☐ Co-Location ☐ Temporary	II. PROPERTY OWNER INFORM organization(s) who own the property p pages if there are multiple property own	roposed for development. Attach additional	
The following applications require review and decision by the Planning and Zoning Commission , Board of Zoning Appeals , or Architectural Review Board , but may be submitted concurrently with another application.			Name (Individual or Organization): 37 Darby Co, L+d		
Che	eck any that apply:		Mailing Address:		
	Conditional Use	□ Rezoning	20 North St.		
	Administrative Appeal Project involving modification the Architectural Review Di		Dublin, 0H 43017		
	Other:	SURCE		** Laboratory	
			Daytime Telephone: 614 - 889 - 7491	Fax: 614-889-2610	
SUBMISSION REQUIREMENTS ☐ Fee (refer to the approved fees list)			Email or Alternate Contact Information:		
	Electronic Copies of all a		1- Campisano & Gero sategroup com		
	(PDF, JPEG, Word, etc. as a			3	
 Submission Requirements for each type of application (refer to checklists) 			FOR OFFICE USE ONLY, DIRECTOR SACCEPTANCE		
	Legal Description and/o for the subject property	r Property Survey	Date of Acceptance:	Next Decision Due Date:	
			Final Date of Decision:	Determination:	
			Director's (or Designee's) Signature:		



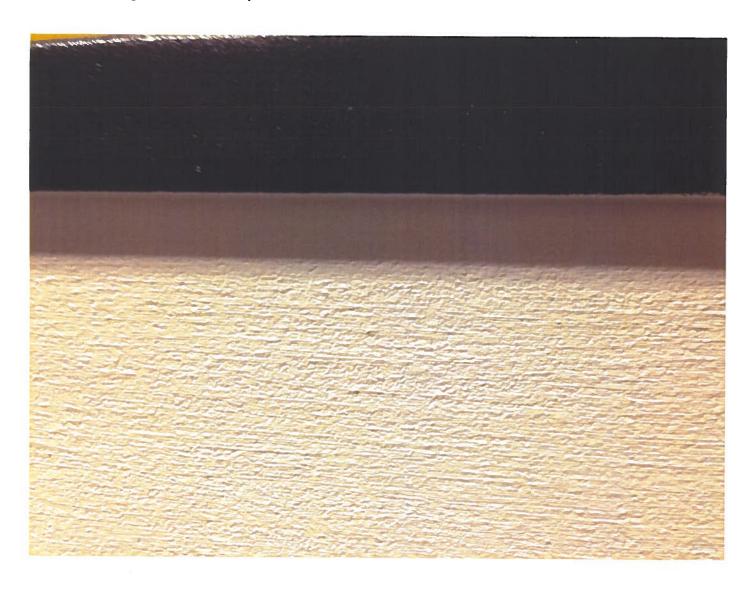
The Owner/Applicant, as noted below, hereby authorizes City representatives to enter, photograph and post a notice on the property described in this	The state of the s	- State Control of the State of	Company of the Company					
Mailing Address: 14 S. H. G.M. S.H. Dublin P. O.H. 130 (1) Daytine Telephone: 15 H. G.M. S.H. Dublin P. O.H. 130 (1) Mailing Address: 15 H. G.M. S.H. Dublin P. O.H. 130 (1) Mailing Address: 16 H. G.M. S.H. Dublin P. O.H. 130 (1) Mailing Address: 17 H. G.M. S.H. Dublin P. O.H. 130 (1) Mailing Address: 18 H. G.M. S.H. Dublin P. O.H. 130 (1) Daytine Telephone: 19 H. G.M. S.H. Dublin P. O.H. 130 (1) Daytine Telephone: 19 H. G.M. S.H. Dublin P. O.H. 130 (1) Daytine Telephone: 19 H. G.M. S.H. Dublin P. O.H. 130 (1) Daytine Telephone: 19 H. G.M. S.H. Dublin P. O.H. 130 (1) Daytine Telephone: 19 H. G.M. S.H. Dublin P. O.H. 130 (1) Daytine Telephone: 19 H. G.M. S.H. Dublin P. O.H. 130 (1) Daytine Telephone: 19 H. G.M. S.H. S.H. Dublin P. O.H. 130 (1) Daytine Telephone: 19 H. G.M. S.H. S.H. S.H. S.H. S.H. S.H. S.H. S	III. APPLICANT(S): Indicate person(s) submitting the application if diff	ferent than the property owner(s).	NO EXISTS SATSDALAS SPENDANS SPENDANS SENSON					
Daytime Telephone: (Individual or Organization) Part Start	Name: (Individual or Organization)							
Fax: Pax: P								
Email or Alternate Contact Information: AuthORIZED REPRESENTATIVE(S): Indicate the person(s) authorized to represent the property owner and/or applicants. Name: (Individual or Organization) Park St	Daytime Telephone: (814-425-7247	Fax:						
Name. Individual or Organization) Park St Dublic CH 73c11 Daytime Telephone: (Individual or Organization) Park St Dublic CH 73c11 Daytime Telephone: (Individual or Organization) Park St Dublic CH 73c11 Fax: Email or Alternate Contact Information: Part St			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -					
Mailing Address: High St Dubling of High St Dubling	* One of the second of the sec	uthorized to represent the property owner and/or applicant	, 1984-46-1977 SAMMAR REGISSARIE, AV SEE SAAGESTA ERVEY ON SAAAL LA MILLE GELAGESLA.					
Nating Address: High St Dublin CH 7361' Daytime Telephone: Grant State Grant	Name: (Individual or Organization)	The second of th						
Dayting releptions: Pax:	Mailing Address: High St Dubling OH	4.3611	The Control of the Co					
V. AUTHORIZATION FOR OWNER'S APPLICANT(S)/REPRESENTATIVE(S): Complete if applicable. I. Jack J. Eggs De Wisc	Daytime Telephone:	Fax:	7					
the owner, hereby authorize Pam Solls to act as a representative(s) in all matters pertaining to the processing and approval of this application, including modifying the application. I agree to be bound by all representations and agreements made by the designated representative. Signature of Current Property Owner: Date: 3/25/13			TO THE PROPERTY OF THE PROPERT					
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Deliber R CO. 2	County of Franklin							
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Page 2 of 2





"Tails above the Rest"
Painted sign finish detail photo



Tails Above the Rest Sign Details

14 South High Street

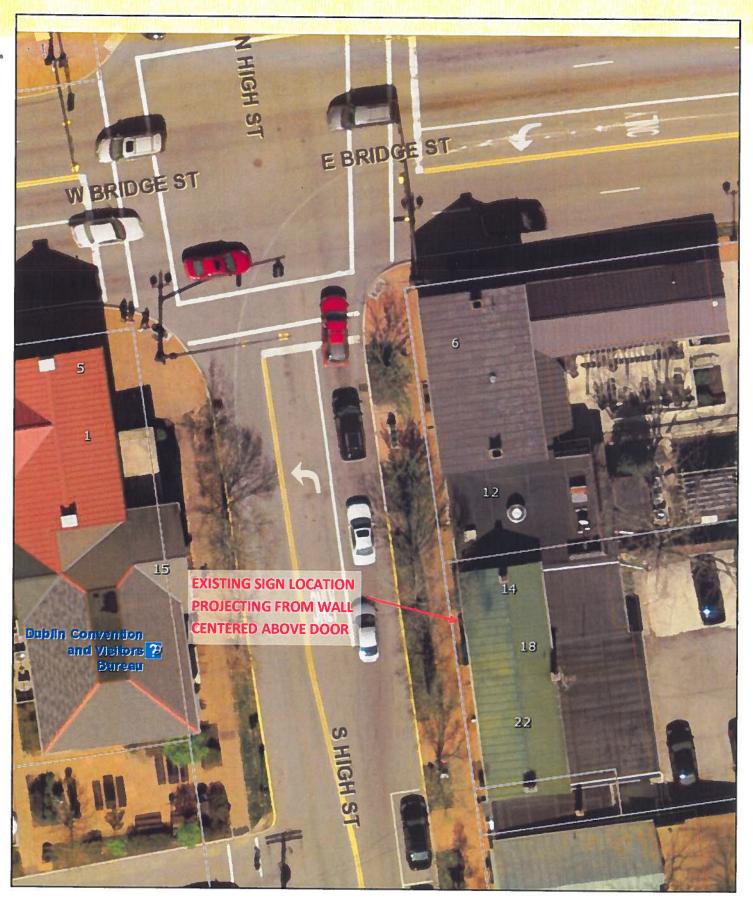
Thursday, February 28, 2013

Sign Details:

- -35.6" wide x 23.7" tall = 5.86 sqft
- -Raised letters, logo, and border paint black
- -White painted background
- -Height to Top of Sign = 10'-2"
- -Percent logo area = (.80/5.86)x100 = 13.7%
- -Logo area = 12.5"x9.2" = .80 sqft



- -Sign Material Substrate 1.5" thick solid board painted
- -Non illuminated







14 SOUTH HIGH STREET
SIGN OVERVIEW SITE PLAN